

FILED JAN 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 98

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
-b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Butler</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Charlotte Twp. (Rural)</b>	
c. LENGTH OF STAY (In this place) <b>12 days</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. Virginia Comm., Mo.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Butler Memorial Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Thaddeus Stevens Harper</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan - 14 - 49</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8-24-1967</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Banker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (State or foreign country) <b>Johnson Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>R.F. Harper</b>		13b. MOTHER'S MAIDEN NAME <b>Olive Young</b>		14. NAME OF HUSBAND OR WIFE <b>Lillian E. Harper</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-----</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lillian Harper Virginia, Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar pneumonia</b>		ANTECEDENT CAUSES			<b>14 days</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <b>H/O</b>			
		DUE TO (c) <b>Ch. Myocarditis</b>			<b>10</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Butler Bates Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>U</b>	

22. I hereby certify that I attended the deceased from **Dec 31, 1948** to **Jan 14, 1949**, that I last saw the deceased alive on **Jan 14, 1949** and that death occurred at **11 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Carter W. Luter M.D.</b>		23b. ADDRESS <b>Butler Mo</b>		23c. DATE SIGNED <b>Jan 16/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan-17-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Virginia Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Virginia, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>Jan 17-1949</b>		REGISTRAR'S SIGNATURE <b>Kendall D. Terry</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John G. Underwood - Butler Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

RECEIVED

Dist. Health Officer

Dist. Health Officer

Date Filed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Robert G. Steinbeck - *Abrae R. Hill* Student Embalmer No. 200 - 290

working under my personal supervision

Signed *Abrae R. Hill*  
*Robert G. Steinbeck*  
Student Embalmer

Signed *John G. Underwood*  
Licensed Embalmer No. 3585

P. O. Address *Butler Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.